

### Application for Enrolment

#### Parent/Guardian Information 1 (Account Holder)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent DOB:   /   /   Gender: Male  / Female

Driver's License Number: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parents Centrelink CRN Number:           If not applicable please tick

Are you responsible for this account?  Yes  No Are you the Primary Carer for Centrelink?  Yes  No

Home Address: \_\_\_\_\_

Postcode:     Email: \_\_\_\_\_

Do you Work:  Yes  No If Yes, Occupation? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Casual  Student

#### Parent/Guardian Information 2 (Non Account Holder)

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Parent DOB:   /   /   Gender: Male  / Female

Driver's License Number: \_\_\_\_\_

Cultural Background: \_\_\_\_\_ Language Spoken: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Parents Centrelink CRN Number:           If not applicable please tick

Are you responsible for this account?  Yes  No Are you the Primary Carer for Centrelink?  Yes  No

Home Address: \_\_\_\_\_

Postcode:     Email: \_\_\_\_\_

Do you Work:  Yes  No If Yes, Occupation? \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employment Status:  Full Time  Part Time  Casual  Student

## Family Medicare Details

Medicare Number:

Valid to Date:  /  /  Position on Card:

## Childcare Benefit / Rebate

A customer reference number (CRN) must be provided to claim the reduction in fees. To ensure you receive Childcare Benefit (CCB) and / or Childcare Rebate (CCR) you MUST provide the Customer Reference Number (CRN) and Date of Birth of the parent / guardian who has applied for the Childcare Benefit / Childcare Rebate. We also require the Customer Reference Number (CRN) and date of birth for each child that will be receiving Childcare Benefit / Rebate. A CRN number is a unique number given to each individual family member.

Is your child/ren registered with Centrelink for Childcare Benefit (CCB) / Childcare Rebate (CCR)?  Yes  No

Do you have any other children enrolled in another Childcare Provider?  Yes  No

Are you claiming CCB for this child/ren?  Yes  No

I understand that it is my responsibility to contact the FAO on 136 150 to be assessed for eligibility for CCB and CCR and provide this information to Jack and Jill Kindergarten, otherwise full fees apply.

## Court / Parenting Order

Is this child involved in a court order, Parenting Order or Parenting Plan?  Yes  No

Please Specify: \_\_\_\_\_

Have you attached a copy of the Order?  Yes  No

Please Note: It is a requirement that you provide a copy of the Court Order, Parenting Order or Parenting Plan to Jack and Jill Kindergarten relating to the powers, duties, responsibilities or authorities of any person in relations to the child or access to the child and details of the child's residence and contact with the parent or other person.

## Parent / Guardian Consent

Please acknowledge by ticking the appropriate box below and initialling your consent:

### Photography

I give permission for my child/ren to be photographed or videoed and for this to be displayed on the centre's website, used within the centre or it program and in Newsletters. Jack and Jill's Kindergarten's Duty of Care ensures that children's safety and privacy is of the highest priority at all times.

Yes  No \_\_\_\_\_ (Parent's Initial)

### Sunscreen

I allow my child to use the sunscreen provided by Jack and Jill Kindergarten (if no please provide your own)

Yes  No \_\_\_\_\_ (Parent's Initial)

### Excursion to the Oval

I give permission for my child to travel supervised by walking, exiting via the playground gate and up the public stairs from Jack and Jill Kindergarten to Rawson Oval, Mosman (located above centre) for Gross Motor Skills such as running, jumping, ball and parachute games. Qualified and Trained First Aid Staff will escort the children at all times and staff will take with them a mobile phone, emergency contacts numbers, sunscreen, hats and drinking water. A notice of any planned excursion will be posted on the entry door to each room and emailed to parents of all children expected to attend two days prior to the excursion.

Yes  No \_\_\_\_\_ (Parent's Initial)

## Insect Repellent

I allow Jack and Jill Kindergarten to apply insect repellent when necessary. The centre will apply Aerogard Odourless Protection Low Irritant Pump Spray. Staff will only apply Aerogard to children's clothing and not directly onto skin. If you wish an alternative insect repellent to be used on your child you must provide a bottle, clearly labelled with your child's name which can be left at the centre.

Yes  No \_\_\_\_\_ (Parent's Initial)

## Parent / Guardian Responsibilities

Please indicate you have understood the following by initialling under each Responsibility:

### Emergency

I authorise Jack and Jill Kindergarten in the event of any emergency, accident or illness to seek and obtain dentist, ambulance, medical and hospital assistance as required, to transport my child via ambulance if required and agree to meet any and all expenses thereby incurred.

\_\_\_\_\_ (Parent's Initial)

### Authorised Nominees

All people named on this form have been notified by me and agreed to their inclusion this form. Authorised Nominees are willing and able to collect your child/ren in the event of an emergency. Authorised Nominees must be available to collect your child within a reasonable timeframe when contacted. Authorised Nominees must be over 18 years of age.

\_\_\_\_\_ (Parent's Initial)

### Parent Handbook and Agreement Form

I have received the Parent Handbook and have read and understood its content. I will abide by Jack and Jill Kindergarten's Policy and Procedure Document, which may be varied from time to time, and is available at Jack and Jill to view upon request.

\_\_\_\_\_ (Parent's Initial)

### Accounts

Accounts/receipts will be addressed to the Account Holder unless specified otherwise and are due for payment on the 15<sup>th</sup> of each month. Any accounts not paid by the 15<sup>th</sup> of the month will incur a Late Payment Fee of \$30.

\_\_\_\_\_ (Parent's Initial)

### Late Collection of Children

A Late Collection Fee may be charged to a parent who collects their child/ren after the official closing time of the centre. Late Charges are as follows \$30 for the first 15 minutes (or part thereof) and \$1 per minute after that. Late Charges will be invoiced and added to your child's next statement.

\_\_\_\_\_ (Parent's Initial)

### Withdrawal and Decreasing Days

When a child is to be withdrawn from the centre or their days decreased, the centre requires **four weeks written notice**. Notice of withdrawal will be accepted during the normal opening hours of the centre, but will not be accepted during the centre's two week closure over the Christmas/New Year holiday period.

\_\_\_\_\_ (Parent's Initial)

I have read all the enrolment responsibilities and conditions and agree to the above terms.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorised Nominees

Authorised Nominees will be contacted in cases where the parent/guardian cannot be contacted. Please supply the names of persons who can be contacted. Three (3) nominees are required to be given as Emergency Contacts. Two (2) of these nominees are required to be authorised for collection or medical purposes. Please indicate what the person is authorised to do by ticking the appropriate box. Only people authorised as nominees are allowed to collect from Jack and Jill Kindergarten. Authorised nominees must be over 18 years of age. Authorised nominees must be able to collect your child/ren within a reasonable timeframe.

#### Authorised Nominee 1

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

Yes  No

#### Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

Yes  No

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Authorised Nominee 2

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Authorised Nominee for Emergency Contact and Collection

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

Yes  No

#### Authorised Nominee for Medical

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

Yes  No

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Authorised Nominee 3**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Authorised Nominee for Emergency Contact and Collection**

Do you hereby authorise this person to be contact by Jack and Jill Kindergarten Staff in case of emergency if you cannot be contacted? (The nominated person must be able to collect your child within a reasonable timeframe).

 Yes  No**Authorised Nominee for Medical**

Do you hereby authorise this person to consent for medical treatment, authorise the administration of medication for your child, authorise medical treatment from a medical practitioner, as well as to authorise the contacting of emergency vehicles as necessary and for the transportation of my child by an ambulance.

 Yes  No

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**How did you hear about us??**

At Jack and Jill Kindergarten we are very interested in how you heard about us. Your feedback in this area would be greatly appreciated.

Please tick the appropriate box:

 Family Referral  Web Search  Word of Mouth  Other Media  Drive Past Other \_\_\_\_\_(Please Specify)

## Child Information

Child 1 – Please complete a separate form each child enrolling

Given Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Child's Date of Birth:   /   /   Gender:  Female  Male

Child's Centrelink CRN Number:

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Religion: \_\_\_\_\_

Is your child from a non-english speaking background?  Yes  No Language Spoken: \_\_\_\_\_

Is your child: Aboriginal  Torres Strait Islander  Neither

Days Required (Please Tick):

Monday  Tuesday  Wednesday  Thursday  Friday

Does your child attend another centre in the same week?  Yes  No

If so, please specify the number of days they attend: \_\_\_\_\_

Birth Certificate (Copy) Provided:  Yes  No

Is your child Immunised:  Yes  No

Have you provided a copy of your child's Immunisation History Statement?  Yes  No

If my child is not immunised and an outbreak of a vaccine preventable illness occurs, I understand I am required to exclude my child from care for the duration of the outbreak. I will provide updated copies as further immunisations are required.

## Medical Details

Doctor / Medical Centre Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist / Dental Practice's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Paracetamol Policy

I agree that if my child's temperature rises above 38 C, every attempt will be made to contact myself or my emergency contacts to arrange collection of your child immediately. If no contact can be made, Jack and Jill Kindergarten's staff will administer one dose of paracetamol in accordance with the manufacturer's instructions.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Medical Information**

General Health?       Good       Other – please provide details: \_\_\_\_\_

---

Asthma – Has your child been diagnosed with Asthma?       Yes       No

Allergies – Has your child been diagnosed with an allergy?       Yes       No

If yes, please provide details: \_\_\_\_\_

Anaphylaxis – Has your child been diagnosed at Risk of Anaphylaxis?       Yes       No

-Does your child have an auto injection device (EpiPen/Anapen)?       Yes       No

Medical Condition – Does your child have any other medical condition eg: epilepsy, diabetes etc that is relevant to the care of your child?

Yes       No - If yes, please provide details: \_\_\_\_\_

---

If you have answered yes to any of the above, **before you can start**, you will be required to provide Jack and Jill Kindergarten with an individual Medical Management Plan for your child signed by the medical practitioner who is treating your child.

**Some General Questions about your child:**

Does your child have any behaviour difficulties / concerns?  Yes  No – If yes, please specify: \_\_\_\_\_

Does your child regularly see a specialist eg: Speech, OT etc?  Yes  No – If yes, please specify: \_\_\_\_\_

Does your child participate / celebrate in festivals / celebrations?  Yes  No – If yes, please specify: \_\_\_\_\_

Does your child have any dietary restrictions?  Yes  No – If yes, please explain and reason why? :

Have you completed your child's Individualised Learning Goals Form?  Yes  No (see attached form)

What are your child's favourite foods? : \_\_\_\_\_

What foods does your child dislike? : \_\_\_\_\_

Does your child eat / drink independently or do they require assistance? : \_\_\_\_\_

Does your child sleep during the day, and if so, how long? : \_\_\_\_\_

Does your child have a comforter and if so, does it have a special name? : \_\_\_\_\_

Does your child sleep well at night? : \_\_\_\_\_

Does your child have any fears we should be aware of eg Thunder, lawn mowers, loud noises? : \_\_\_\_\_

If your child is upset, what is the best way to soothe them? : \_\_\_\_\_

Does your child use any alternative word to describe things eg: Dummy – Dodo? : \_\_\_\_\_

Does your child predominately speak another language, if so which language? : \_\_\_\_\_

(Please see staff for an additional Language Support Sheet)

What are your child's favourite things to do, toys to play with, stories, songs etc? : \_\_\_\_\_

Does your child have a particular interest in being outdoors? ; \_\_\_\_\_

Has your child been to childcare before, if so how was he/she helped to settle in? : \_\_\_\_\_